

# Department of SOCIAL SERVICES

## *Community Care Licensing*

### **FACILITY EVALUATION REPORT**

**Facility Number:** 336426498

**Report Date:** 11/22/2019

**Date Signed** 11/22/2019 03:28:43 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>FACILITY EVALUATION REPORT</b>	

<b>FACILITY NAME:</b> SUNBROOK RESIDENTIAL CARE	<b>FACILITY NUMBER:</b> 336426498
<b>ADMINISTRATOR:</b> SYKES, RAMONA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 43-574 PARKWAY ESPLANADE E.	<b>TELEPHONE:</b> (760) 404-0872
<b>CITY:</b> LA QUINTA	<b>STATE:</b> CA <b>ZIP CODE:</b> 92253
<b>CAPACITY:</b> 6	<b>CENSUS:</b> 2 <b>DATE:</b> 11/22/2019
<b>TYPE OF VISIT:</b> Case Management - Other	<b>UNANNOUNCED TIME BEGAN:</b> 01:30 PM
<b>MET WITH:</b> Ramona Sykes	<b>TIME</b> 03:38 PM <b>COMPLETED:</b>

<b>NARRATIVE</b>	
1	Licensing Program Analyst (LPA) Christine Le and Investigator Lori Wood conducted an unannounced case management visit to follow up on Resident 1 (R1)'s death. LPA and Investigator met with licensee Ramona Sykes and co-licensee Ronald Sykes.
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5	LPA and Investigator toured the facility, conducted interviews, and reviewed two (2) residents files. LPA and Investigator were informed by the licensee that R1's facility file was not available during the visit as the files were in possession of law enforcement.
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9	LPA and Investigator also conducted a Health & Safety Check of the facility with co-licensee Ronald Sykes. LPA and Investigator toured the facility inside and out. Two (2) residents were observed in their rooms. During this visit, LPA and Investigator did not observe imminent health & safety concerns.
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13	The licensee was advised that there is an open investigation in regards to R1's death. Additional time is needed to complete this investigation.
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17	No deficiencies were cited during this visit. An exit interview was conducted where this report was discussed and provided to the licensee.
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<b>SUPERVISOR'S NAME:</b> Edna Musoke	<b>TELEPHONE:</b> (951) 248-0336
<b>LICENSING EVALUATOR NAME:</b> Christine Le	<b>TELEPHONE:</b> (951) 897-2618
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 11/22/2019

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/22/2019

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

LIC809 (FAS) - (06/04)

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